

Exhibit Q

The WHITE HOUSE

FACT SHEETS

Report to the President on Protecting Children from
Surgical and Chemical Mutilation Executive Summary

The White House

April 28, 2025

Background

Under President Biden, the Federal government promoted a grotesque social and scientific experiment on American children. During the first three years of his administration alone, more than 7,000 children were administered puberty blockers and cross-sex hormones. Over 4,000 were subjected to sex-trait modification surgical interventions, such as mastectomies. These interventions were marketed to children on the basis of ideologically driven and financially motivated junk-science.

On January 28, 2025, President Trump signed Executive Order 14187, “Protecting Children from Chemical and Surgical Mutilation.” EO 14187 prohibits Federal departments from funding, sponsoring, assisting, or facilitating the chemical and surgical mutilation of minors and directs them to stop these immoral, unjust, and disproven practices more broadly to the greatest extent possible. The following sections summarize initial steps taken to implement this Order.

Restoring Scientific Integrity

Section 3(i) directs agencies to rescind or amend all policies that rely on the “Standards of Care Version 8” developed by the World Professional Association for Transgender Health (WPATH). These standards were not drafted based on scientific evidence, but on political considerations. During the drafting process, then-Assistant Secretary for Health, Admiral Levine, lobbied WPATH to drop its proposed age limits for surgical mutilation. Levine then issued Federal guidance titled “Gender-affirming Care and Young People,” which promoted the chemical sterilization and surgical mutilation of minors.

After President Trump took office in January, the Department of Health and Human Services (HHS) immediately removed this document, along with other pseudo-scientific information, from its webpages. On February 14, a court order compelled HHS to display this document and other pseudoscientific webpages. HHS followed the court order, but provided a notice that it disavows Levine's document – and all materials that cite WPATH – in the strongest possible terms.

Section 3(ii) directs HHS to publish an evidence-based review of the literature on best-practices to promote the health of children who assert gender dysphoria. HHS has coordinated with a team of eight distinguished scholars, and will publish this review by the 90-day deadline.

Promoting Accurate Information

Section 3(b) directs HHS to use “all available methods” to increase data quality to improve practices “for improving the health of minors with gender dysphoria.”

The lead researcher of one notable study, funded by the National Institute for Health (NIH), withheld its results from the public for political reasons. The NIH has taken, and will continue to take, all necessary and proper steps to ensure accountability and transparency for all taxpayer-funded studies.

HHS is reviewing data tools to ensure that Federal data collection reflects biological reality and provides medically useful information.

Stopping Taxpayer-Funded Child Experimentation and Mutilation

District courts have wrongly preliminarily enjoined enforcement of Section 4, and the administration is appealing these incorrect decisions. While on appeal, HHS has complied with those preliminary injunctions.

Completely independent from EO 14187 and EO 14168, HHS began to conduct an internal review process of all grants to ensure that Federal funding is used to prioritize projects that will generate a high return on the public's investment. Based on an individualized review, HHS terminated approximately 200 grants because they have not been shown to be scientific, to have meaningful identifiable return on investment, or to enhance the health of many Americans. These terminations saved taxpayers over approximately \$477 million. Two examples include: a \$1,319,024 grant to the Center for Innovative Public Health research for “#TranscendantHealth – Adapting an LGB+ inclusive teen pregnancy prevention program for transgender boys;” and a \$5,955,310 grant to Boston Children's Hospital for “TransHealthGUIDE: Transforming Health for Gender-Diverse Young Adults Using Intervention to Drive Equity.”

Ensuring Proper Medical Treatment

Section 5 directs HHS to take all appropriate actions to end the chemical and surgical mutilation of children. On March 5, the Centers for Medicare & Medicaid Services (CMS) issued a Quality and Safety Special Alert Memo entitled “Protecting Children from Chemical and Surgical Mutilation,” which alerted providers to the dangers of chemical mutilation as well as the lack of medical evidence supporting their use. Among other provisions, the letter stated that

it is of utmost importance that all providers follow the highest standards of care and adhere closely to the foundational principles of medicine, especially as it comes to America’s children. This CMS alert to providers on the dangerous chemical and surgical mutilation of children, including interventions that cause sterilization, is informed by a growing body of evidence and protective policies across the world.

Within days, similar letters were sent by the Substance Abuse and Mental Health Services Administration, the Health Resources and Services Administration, and the Office of the Assistant Secretary for Health.

This administration is preparing other actions in accordance with Section 5. HHS, through CMS, is also exploring every avenue to increase access to detransition care. Pursuant to Section 6, the Department of Defense has required its health services contractors to discontinue child mutilation as a covered benefit. Pursuant to Section 7, the Office of Personnel Management has excluded coverage for the mutilation of the children of the Federal civilian workforce beginning in Plan Year 2026.

Ensuring Equal Protection and Rule of Law

Pursuant to Section 8, the Department of Justice (DOJ) has prepared guidance regarding enforcement of 18 U.S.C. § 116, prioritizing protection against female genital mutilation, and will convene State Attorneys General to coordinate enforcement. It has also initiated investigations of multiple entities that have misled the public about the long-term side effects of chemical and surgical mutilation under the Food, Drug, and Cosmetic Act.

DOJ has drafted and submitted legislation creating a private right of action, with a long statute of limitations, for children whose bodies have been chemically and surgically damaged and their parents, for additional review. DOJ will also establish a “Parental Rights Task Force” to vindicate the rights of parents in states like California, where parental refusal to consent to the mutilation of their children can enable the state to

remove children from parental custody, and to further uphold parents' recognized constitutional rights.

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